

Inside co-production: stakeholder meaning and situated practice

Abstract

Co-production has risen to the fore of contemporary policymaking, with the intention of placing citizens at the heart of public service design and production. While this may lead to more democratic and legitimate decision-making, achieving 'meaningful' co-production can be difficult. In this qualitative study we examine what constitutes meaningful co-production, in particular asking whether there is a disconnect between the elite policy narrative that legitimizes co-production and stakeholder experiences of this approach. Our research adopts a decentered approach to examine the different ways that actors understand and participate in co-production, both as a methodology and as an interactive social practice. We conclude that a lack of synergy between local narratives may undermine the potential success of co-production.

Introduction

In recent decades, co-production has risen to the fore of the contemporary policy architecture (Osborne et al., 2016). In broad terms, co-production is an approach that places citizens at the centre of public service design and production (Ostrom, 1996), typically in the belief that this leads to more democratic and legitimate decision-making (Ansel and Gash, 2008; Doberstein, 2016). This represents a shift away from traditional decision processes which are commonly perceived as excessively bureaucratic, and often dominated by professionals and market forces (Butterfield et al., 2004). The principles of co-production therefore align with a more progressive or collaborative era of public governance that seeks to transform the relationship between state and civil society (Ansel and Gash, 2008; Bovaird, 2005; Fung, 2006).

Looking beyond idealized accounts of co-production, research shows that ‘meaningful’ co-production can be difficult to realize in practice. Common challenges include recruiting representative stakeholders (Fung, 2006), facilitating communication and deliberation (Berner et al., 2011; Campbell, 2010; Hong, 2015) and, of particular interest to this paper, ensuring stakeholders are ‘meaningfully’ engaged in the process (Doberstein, 2016; Emerson et al., 2012; Huxham et al., 2000). In response to these challenges

‘design solutions’ are commonly advocated, in the form of methods or tools that structure participation and enable facilitators to manage the power dynamics between stakeholders (Doberstein, 2016; Farr, 2017; Johnston et al., 2011; Gibson et al., 2005; Purdy, 2012).

At issue in this paper, is the seemingly innocuous idea of co-production being ‘meaningful’. Advocates often use this term to characterize co-production as a relevant or worthwhile process that contributes to inclusive and democratic decision-making (Doberstein, 2016; Osborne et al., 2016). Taking a slightly deeper view, the term also conveys the idea that participants give meaning to, and take meaning from, both the processes and consequences of co-production, where actors’ meanings are located within distinct historical and cultural systems. Arguably the aim of co-production is to enable the diverse meanings of stakeholders to influence decision-making, but whether this is meaningful to participants remains unclear, and any appraisal of the meaning of co-production reflects the cultural value judgments of particular actors. From this perspective we have limited micro-level understanding of how diverse meanings and interpretations, or logics (Dean, 2017), that influence the situated practice of co-production (Pestoff et al., 2006), especially how actors give meaning to, and take meaning from co-production.

To examine the situated practice of co-production we adopt an interpretive, decentred approach. This sees contemporary expressions of governance as arising through the situated and meaningful social practices of actors, especially how the meanings of actors arise from historical traditions and shared cultural frames (Bevir 2013). Our theoretical interest is based on two initial observations. The first observation is that there appears to be a dominant or an elite narrative that articulates normative ideals about the value of co-production and 'meaningful' citizen engagement in the design and implementation of public services (Dean, 2017; Osborne et al., 2016). The second observation is that the practice of co-production remains something of an enigma, with different meanings and applications across policy domains (Dean, 2017; Realpe and Wallace, 2010). It is noteworthy that, although the elite co-production narrative emphasizes the importance of communicating and deliberating different meanings around a given issue, there is an assumption that stakeholders are 'on the same page' (Crompton et al., 2017) with regard to what co-production means and how it should be undertaken. We suggest that these local interpretations might contradict the prevailing assumptions upheld at the policy level and articulated by policy elites, managers or decision-makers.

Drawing on our theoretical reflections, our qualitative study examines whether there is a disconnect between the *elite policy narrative* and *stakeholder experience* of co-production. In taking a decentred approach we examine the different ways that social actors understand and experience co-production both as a methodology, but more specifically as an interactive social practice. Our research is based on two interconnected questions: How do stakeholders give meaning to the purpose and process of co-production and how do stakeholders' interpretations influence the practice of co-production?

We begin by reviewing the existing co-production literature with particular attention to the defining characteristics and the implementation of this approach. Through our findings we highlight the different ways stakeholders interpret and experience the process of co-production, exposing the tensions and misunderstandings that arise from these different perspectives. Through our discussion we suggest that a lack of synergy between local narratives may undermine the potential success of co-production.

Co-production: An elite narrative?

Since the late 1970s, the idea of co-production has had a profound influence on the policy landscape, from public decision-making and research through to the design, production and implementation of public services (Ostrom, 1996).

Conceptually, it might usefully be located at the interface between collaborative governance (Ansel and Gash, 2008; Emerson et al., 2012) and deliberative democracy (Dryzek, 2000; Elster, 1998); as an approach to bring together diverse stakeholders to openly collaborate and influence decision-making (Nabatchi, 2010).

The goal of co-production is to achieve legitimate and inclusive public service outcomes (Boswell and Corbett, 2017; Osborne et al., 2016; Pestoff et al., 2006), not to mention more effective, affordable and sustainable public services (Boyle et al., 2010; Seyfang and Smith, 2007). The principles of co-production also appear to reflect the broader neoliberal agenda, characterized by a rolling back of the state and a shift of power in the decision making process from policymakers to the people (Dahl and Soss, 2014). From this perspective, a genuine shift in power may not always be genuine, as public support for a decision may be declared by policymakers to justify and

legitimize decisions made on the basis of the austerity measures that dominant contemporary policy processes (McGimpsey, 2017).

While the theoretical drivers behind co-production are clear, the approach itself has been described as a 'continuum of practices', rather than a single method (Miller and Stirling, 2004). Furthermore, its application spans knowledge generation, decision-making, service design, service delivery and policy evaluation (Realpe and Wallace, 2010). The dominant narrative of co-production as a 'normative policy good' (Osborne et al., 2016) may create a situation where policy leaders select a method of co-production without paying significant attention to what constitutes meaningful engagement; merely adding service-users in to existing decision-making structures. This 'tokenistic' approach may occur if public participation is used to validate existing, more traditional, channels of decision-making (Boswell et al., 2015; Dean, 2017).

Our specific interest is co-production in policy decision-making, where it is argued that '*the rich encounters between bureaucratic elites and citizens represent a site of immense (albeit often unrealized) potential for deliberative systems*' (Boswell and Corbett, 2017: 9). While interactions between

professionals and citizens have traditionally been characterized by unequal power dynamics, within the context of co-production it is assumed that this power differential can be advantageous as it reifies the lay perspective as citizens can draw on their personal insights to challenge the organizational or systemic factors that are commonly focused on balancing quality provision with cost savings (Farr, 2017; Irvin and Stansbury, 2004; Purdy, 2012). Co-production is therefore upheld as a negotiated process (Bovaird, 2007) and the sense of 'togetherness' that characterizes the elite narrative of co-production assumes that equality of stakeholder 'voice' is achievable. Furthermore, the success of co-production is thought to lie with the quality of the dialogue, the interactions and effective negotiation (Doberstein, 2016).

It is widely recognized, however, that bringing together 'bureaucratic elites' and 'citizens' in 'meaningful' deliberation is difficult (Brandsen and Honingh, 2015), not least because stakeholders have different ideologies that may be incompatible (Dean, 2017). Deliberation therefore needs to be managed in such a way that institutionalized status hierarchies and power differences between professionals and service users are minimized (Farr, 2017; Gibson et al., 2005; Purdy, 2012; Slay and Robinson, 2011). Boswell and Corbett (2017) caution that the challenge to create 'meaningful' coproduction may be

significant, because there is potential for deliberation to be captured by the 'bureaucratic machinery' and where service users can become 'assets' within existing decision-making structures (Realpe and Wallace, 2010). Where power and status differences are not addressed, lay representatives are often observed as passive actors, who feel they are not being heard by professionals (Choi and Robertson, 2013; Farr, 2017; Madden and Morley, 2016; Purdy, 2012). The potential for professional dominance may be exacerbated when 'hard' evidence is brought together with 'softer' participatory mechanisms, as in the case of priority-setting exercises (Madden and Morley, 2016). Furthermore, expert stakeholders often judge lay representatives negatively where their unique insight is framed according to subjective 'emotional touch-points' (Dewar et al., 2010).

Implementing co-production and facilitating interactions

Effective facilitation is commonly seen as the key to managing the status inequalities and power imbalances between stakeholders (Emerson et al., 2012; Farr, 2017; Crompton et al., 2017). Furthermore, the management of stakeholder engagement and the creation of an empowering deliberative setting is associated with the design choices of the facilitators and project

managers (Fung, 2015; Hajer, 2005). From the outset, facilitators should ensuring all stakeholders, but especially lay groups, understand the purpose and the process of co-production (Madden and Morley, 2016). To achieve a shared understanding, facilitators need to ensure all stakeholders are engaged with issue setting through to deliberation and decision-making (Boyle et al., 2010).

Facilitation must also ensure lay stakeholders can appropriately and fairly discuss, deliberate and draw meaning from expert perspectives or technical data, whilst expert stakeholders must respect and engage the more subjective perspectives and views of lay groups (Crompton et al., 2017). This is no easy task, and Fung (2015) acknowledges that it may be appropriate to engage lay members in separate deliberations before feeding back into the decision-making process as this can increase their confidence, ensure they understand the decision-making criteria and empower them to have their say.

However, facilitating co-production remains complex. Stakeholders bring distinct narratives or frames (Schon and Rein, 1995) to bear on the decision-making process based on their distinct interests, motives, resources, cultures and social status (Choi and Robertson, 2013; Fung, 2003; Robertson and Choi,

2012). These narratives represent the lived experiences of stakeholders and shape the views they express within a deliberative encounter. In particular, the narratives of lay stakeholders, for example patients and carers, are perceived to carry 'discursive legitimacy' (Purdy, 2012) whereby their power within the broader decision-making process is associated with the value of their experiential perspective.

The balance between inclusivity and knowledgeability (Hong, 2015) can also influence the practice of co-production. As Hong explains 'a more inclusive participatory process...may also fail to maintain the desired level of knowledgeability among the participating citizens; such knowledge may be required for decision-makers to thoroughly consider the policy issues at hand' (2015: 3). Here, emphasis is placed on the value of professional knowledge and the ability of these stakeholders to understand technical information and the complexity of decisions (Abers, 2000 in Hong, 2015; Boswell and Corbett, 2017). Furthermore, professional knowledge is thought to align with the wider policy system which has traditionally involved top-down decision-making (Madden and Morley, 2016; Osborne et al., 2016) and may therefore enable professionals to use this insider knowledge to influence decisions according to their own interests (Boswell and Corbett, 2017).

The above discussion suggests that co-production is somewhat paradoxical as the narrative surrounding co-production speaks of stakeholder equality in decision-making and yet the *process* itself may prevent equal engagement amongst stakeholders. Furthermore, the co-production narrative is built on a number of key assumptions. Firstly, it is assumed that stakeholders *can* engage equally in the process, despite the evidence from the literature that continues to acknowledge the potential for professional dominance. Secondly, there is an apparent perception that the power differential can be ‘managed’ out of co-production through effective facilitation (Crompton et al., 2017; Farr, 2016; 2017; Gibson et al., 2005). Third, there is an impression that stakeholders have a shared understanding of the nature of co-production and that they will buy-in to the project of equal and meaningful stakeholder engagement. We suggest that if there are different interpretations of co-production itself, this would constitute a further significant challenge for the implementation and ultimate success of collaborative decision-making.

Examining co-production in practice

In adopting a decentered approach to the study of co-production, we seek to explore the diverse meanings surrounding the purpose and process of co-production and to examine how these meanings influence the practice of co-production. From the above discussion we can see that the constructed meaning of co-production may be distinguished as a meaning *of* co-production (as conveyed through the dominant policy narrative) and meaning *in* co-production (as stakeholders work through the decision-making process, attempting to bring their personal meaning and experience to bear on a collective endeavour). This initial reading takes us beyond the recognized structural inequalities and institutionalized power differences associated with co-production, highlighting the diverse meanings associated with this approach. This diversity might manifest as a dialectic relationship between structure and agency, whereby local narratives of co-production interact with the broader policy narrative through the situated and reflexive meaning of stakeholders as they participate in collaborative decision-making. As such, we recognize that stakeholder engagement is framed by the context itself, but also by the wider social and cultural factors that influence social action (Bourdieu, 1977).

Case study and methods

The case study

The paper reports on findings from an ethnographic case study of a deliberative priority setting (DPS) project carried out within one region of the English NHS, to inform the reconfiguration of a regional cancer care pathway. The project was initiated and led by regional strategic leaders (NHS Clinical Senate and Network), with the support of expert facilitators, with the aim of producing a standardised high value pathway for patients from diagnosis to follow-up and rehabilitation. A key factor driving the project was the identification of significant variation in patient care and outcomes across the region. The project manager chose to adopt deliberative priority setting as a method that brings together the (perceived) rigor of cost effectiveness analysis with stakeholder experiences, thus promoting a high quality service that is value for money. DPS is an interesting example of co-production because it involves stakeholder deliberation based on 'technical' data on costs and outcomes. As such, decision-making is dependent on stakeholders' ability to

‘meaningfully’ understand and engage with technical information during deliberative processes.

Our research paid attention to stakeholder interactions through the situated practice of deliberation and decision-making, focusing in particular on how stakeholder gave meaning to the purpose and process of coproduction activities, and how their meanings informed decision-making. The coproduction activities we examined took place during a series of decision workshops, during which stakeholders assessed, scored and ranked service options, drawing together technical data and their personal experiences and insights. Following the scoring stakeholders worked together to share their views and deliberate, with the aim of reaching a consensus score at the group level.

Data collection

Ethnographic research develops a detailed description and understanding of how people experience, interpret and give meaning to a particular situation in relation to their wider social and cultural context (Fetterman, 2010). In this study we collected data over a nine-month period through non-participant

observations of three decision workshops (totaling 14.5 hours across the three workshops). An ethnographic approach was particularly suited to our research and our interest in how coproduction is constructed through practice and how stakeholders referred to their local narratives and meanings as they worked with others in a deliberative context.

Alongside the observations 31 semi-structured stakeholder interviews were completed. Interviewees comprised the project team (3), data analysts (3), facilitators (2), clinical professionals (10), commissioners (5), third sector representatives (3) and patients and carers (5). A focus group with patients and carers (including 6 patients and 2 carers) was also undertaken to further explore the experiences of this stakeholder group. Interviews explored stakeholders understanding of coproduction and their experiences of deliberation and their interactions with other stakeholders. The focus group and interviews were recorded and transcribed verbatim. The study received university ethical clearance and was approved by the NHS Clinical Senate.

Data analysis

Data analysis followed an iterative interpretative approach which involved continuous reflection on our observation notes and our interview transcripts during the course of the research. This process involved open coding and constant comparison (Glaser and Strauss, 1967). Analytical themes and questions that emerged in the early stages of our research were explored and tested through subsequent observations and interviews. Overall, our analysis focused on how actors experienced (observations), interpreted (observations and interviews) and gave meaning to (interviews) decision-making activities.

Findings

Our findings seek to examine the evolution of the project, unpacking the diverse meanings that characterized the situated practice of co-production. Section one explores how the meaning of co-production was initially interpreted and how these interpretations were challenged in the early stages of the project as stakeholders started to question the 'reality' of co-production. Section two examines the situated meaning associated with the practice of co-production, including how stakeholders brought meaning into

the process and how the process itself influenced the meaning stakeholders derived from their participation in the decision workshops. Section three considers the impact of stakeholder meaning on the process of co-production, in particular the potential for these diverse perspectives to disrupt decision-making and undermine the potential success of the project.

Embarking on a co-production journey: Elite Policy Narratives versus stakeholder experience

At the start of the decision-making process we observed a shared vision amongst stakeholders of the potential for coproduction to support inclusive and legitimate decision-making that aligned with the policy narrative. This was expressed, for instance, through the enthusiasm of stakeholders to participate in a deliberative process, which was regarded as a positive departure from the top-down decision-making processes usually associated with service planning:

'I would say from methods I've used before it's definitely more social because you were asking a lot wider sort of range of people from the pathway...I think that's a good approach' (Third sector representative)

The project team spoke of the importance of achieving stakeholder diversity, and there appeared to be a fairly clear sense of *who* to involve and *why* it was important to draw upon these voices. The views of the project team were significant because they translated the principles of co-production and shaped the implementation of this particular project, inviting commissioners, patients and clinical representatives into the decision-making process:

‘... we absolutely needed the commissioners involved because the end game is that we actually get this commissioned. Also, obviously really important is to have the patient perspective because to us that’s absolutely critical We also obviously needed clinical people from the pathway, so tried to look right across the pathway and understand who are the people involved ... (Project team)

The involvement of patient and carer representatives was widely regarded as central to decision-making, especially for offering insight that service providers could never fully appreciate:

‘I always say you have to put yourself in the patient’s shoes, but actually you can never do that totally. You can try and think “What would be

best?” but you never know unless you really ask a patient’ (Third sector representative)

it does seem that as people who’ve been through the experience we must be part of the decision of what happens.’ (Focus group, patient)

Although patients and carers were generally receptive to the inclusivity of coproduction, they questioned whether it was appropriate for them to be involved in such important decisions because they tended to see the issues through their unique experiences:

‘when you looked at the purpose of this particular project you needed people who could understand... the journey and also not come along with your own story because I mean that still happens and I found it was still happening in some cases in this as well’ (Patient)

There were also concerns about stakeholder representation. This was expressed in interviews through the judgment of another’s ability to represent their local service, both in terms of influencing broader decision-making

process and shaping the implementation of local services based on decision outcomes:

'I think the dietician from [local trust] was the person there and I don't believe she said anything... So it was like "Well, you know, what are you doing? What information? What value are you adding?"... if an organisation is wanting to take part in a network approach and senior people have to be involved... why is it a dietician that's coming to that forum and what will they do with the information that they're getting?'
(Commissioner)

As the project unfolded there was ambiguity about the project objectives. For example, there was confusion about whether the project sought to cut costs or increase value. There was also ambiguity about *'where did this project come from and where is it going'* and there were concerns that the evidence and options that framed the deliberations had been predetermined and lacked transparency regarding how they were selected:

‘ ‘...It was almost like this is the pathway and these are the options, but there wasn’t any discussion about what those options were or where they’d come from and who’d generated the options’ (Clinical)

‘... Because these [options] are really elements within the pathway that have been selected... These options here have been picked from that pack...rather than those other areas that are really important to patients’ (Clinical)

There was a question mark for some stakeholders over whether the project represented a ‘genuine’ example of co-production, with skepticism amongst some stakeholders regarding the extent to which they would ultimately shape the decision outcomes:

‘... We’re asking [patients] about the things that we’ve determined are important and then saying what’s the patient satisfaction around those areas. What it doesn’t actually do is really pick out in the first instance what really matters to patients’ (Third sector representative)

'I actually enjoyed the conversation round the table, but I wasn't sure what difference it was going to make in the long term. And it was interesting to me that out of those they managed to pull together a mountain of information and they were going to create the pathway' (Carer representative)

Through discussions with the project team it also appeared that while the methodology was framed by the principles of co-production, the project team were driven by a desire to persuade clinicians to change service delivery:

I saw it as an opportunity to test it out on cancer...If you feel that patients, the public, the GPs, the clinicians, particularly the secondary care clinicians who feel very precious about their involvement in cancer pathways, if they could all come round the table and see where it would be best to invest the money along with obviously therefore the commissioners...that might enable a shift of resources into a slightly different space which is very difficult to do otherwise... . (Project team representative)

Looking across the three workshops it appeared that over time there was a detachment between the decision workshops and the project meetings that were held 'backstage' (between the data analysts, three clinical leads and the project manager). We observed, for example that key decisions about the redesign of the cancer pathway were made 'behind the scenes' by a small team of professionals, whilst stakeholders worked through deliberative activities which ultimately appeared to have limited influence on decision-making. A number of patient representatives commented that there was little understanding of how, or even if, their views would influence decision-making. A number of stakeholders also believed that the new pathway was predetermined and the decision workshops were tokenistic:

'People felt that they were being asked to reconfirm the pathways that they'd already developed when really what they wanted to address was the adherence to those pathways and where there was unwarranted variation...' (Clinical)

'I feel that us patients that have been involved still would like to know what comes out of this at the end, right... so that... we can look and say "Right, this is what should be happening in our area," because if you

know what should be happening you can ask questions about it as well...

I hope that we get to see the results because you often get invited to be a

part of something and you do your bit and then you go away and you

just don't know whether anything's happened as a result of it' (Patient)

The data analysts and facilitators were also concerned that elements of the project seemed predetermined, suggesting that those implementing the approach themselves harbored concerns that the potential of co-production was being undermined.

Situated meaning and the practice of co-production

Looking closer at the ways in which stakeholders participated in the decision workshops we found further examples of a detachment between the idealized (elite) meaning of co-production, characterized by meaningful engagement for all stakeholders, and the experiences of participants. In particular, we observed stakeholders engaged in co-production with differing degrees of confidence. For the doctors we observed a confidence derived from their knowledge of the care pathway, which enabled them to quickly rank the options, with an apparent lack of consideration. When reflecting on their own

engagement, patients and carers felt that it was particularly important to have an understanding of the overall cancer pathway to prevent personal narratives (shaped by subjective experiences) dominating the decisions and to promote meaningful engagement in the process of co-production.

However, through our observations it was clear that lay stakeholders were only able to convey meaning from their personal experiences of their cancer journey. Interestingly, these personal stories appeared interesting to doctors when the group were discussing 'health outcomes', but when it came to discussions about 'patient experience' the doctors were more ambivalent and had a tendency to switch off. On a number of occasions, we observed doctors disengaging from conversations led or informed by patient representatives, looking at their phones for example as patients were talking about their experiences.

When we explored the themes of 'confidence' and 'engagement' further during interviews, doctors described how their experiential understanding aligned with the 'service data' that informed the selection of service options. Furthermore, many of the doctors felt familiar with scoring and ranking methodologies, thereby making it easier to complete the tasks:

'I think for me – I understand those methods. We work with this kind of data all the time so it just makes sense' (Clinical)

A related point was that whilst the clinical representatives seemed to find it relatively straightforward to work with the technical data, lay representatives found it difficult to relate to the data and terminology used throughout the workshops, with one participant describing the data as 'medical speak'. More significantly, we observed that the workshop facilitators assumed that all stakeholders shared a 'baseline' understanding of the cancer pathway and the technical data that was provided, where in fact we observed clear discrepancy across the knowledge base with lay stakeholders frequently whispering to each other that they didn't know what was going on. A further observation was that where lay stakeholders did not understand the technical data or the terminology, they appeared unable to gain clarification from facilitators, who closed down opportunities to ask questions with phrases such as *'if you all agree we will move forward'*.

Compared to the confidence observed amongst clinicians, patients, carers, nursing representatives and third sector representatives appeared much more

cautious in their engagement, with lay representatives questioning their ability to meaningfully participate in the process. We observed, for example, how patient representatives would copy the assessments and scores of other stakeholders when engaged in ranking activities. During interviews, these stakeholders described themselves as having an inferior or less specialized viewpoint, and as needing to defer to the 'expert' voice of clinical representatives:

'Well, everyone looked and saw what they'd done and said "Oh gosh, if that's what Mr [name] thinks I think very different to that."... I came away feeling very befuddled' (Focus group, patient)

As a healthcare professional probably you could score it better than we could, but as a patient... I thought "Oh, I hope this doesn't upset the outcome of the whole meeting," because we would probably score it or look at it a completely different way, you know. We should maybe have been left out of that scoring bit I felt.' (Focus group, Patient)

The lack of ability to understand and work with the data combined with the broader lack of knowledge amongst some stakeholders raised questions about

whether it was appropriate to bring all stakeholders together when they embodied such diverse views and differing knowledge. Furthermore, there were questions about whether it would be better to work with different stakeholder groups independently:

'...I think certainly our take on that was actually the user bit could be done differently in that you could certainly potentially go out to user groups rather than ... I mean okay, it's nice to have them part of that debate, but we could have maybe looked at that a little bit differently'

(Commissioner)

Stakeholder meaning, motive and expressions of resistance

In addition to the differences in confidence and engagement observed above, we also found evidence of how stakeholders' localized understanding and experience of the care pathway shaped their motivation to engage in co-production and often led them to 'resist' the process in some way. Broadly speaking we observed stakeholders positioning themselves 'inside' or 'outside' of the decision-making process. In terms of the 'insiders', three clinical leads from different specialisms were represented on the project team and were

involved in redesigning the pathway behind the scenes during closed project meetings, whilst also attending the stakeholder workshops:

‘Certainly, it felt quite controlled by the clinical leads who were there and I suppose it was very much “This is the starter for 10; this is the data. We’re now going to go away and, you know, this is what we’re now going to do.” (Third sector representative)

The prevalent role of the clinical leads was identified by a number of stakeholders who felt that they were representing their own *‘pet projects’* and were prepared to *‘argue their case and nobody else ever quite challenges it’* (Commissioner)

On the other hand, *‘outsiders’* resisted the project in different ways and disrupted co-production activities. For example, some clinicians did not relate to the information driving the decision-making process and were observed challenging the options that participants were asked to work with and ultimately, leaving the decision workshops to demonstrate their dissatisfaction with the decision-making process.

During interviews lay representatives described themselves as having an outsider position, and despite being receptive to the principles of co-production and the proposed service specification at the end of the project, they appeared demotivated as they did not see themselves as contributing meaningfully to decision-making:

'I know about how to bring about service change from a practical point of view, but when it comes to discussing options about cancer care per se, that's not something I can get my head around...there is no point me offering my point of view because I'm ignorant really to the existing service and the tensions in the system' (Commissioner)

Interestingly, the research found that, like patient representatives, some commissioners expressed a preference to remain outside of the process in order to leave the decision-making to the 'experts':

'maybe it would be better to get a smaller group of people together that are the experts in the field and then sort of do it on a much smaller scale but then share that learning? You know, I'd be happy if someone came to

me and said “This pathway’s been developed. It’s had experts in the room.

This is what it looks like...’ (Commissioner)

The resistance of commissioners to engage in co-production activities effectively turned a key stakeholder group into passive recipients rather than active partners, as they ‘waited in the wings’ to hear about project outcomes:

‘[the project team] said that the clinical senate was going to lead on the implementation of the pathway working with providers and commissioners. So, it sounds like it’s going to be a piece of work that will be led by somebody else anyway, so if it’s going to happen it’s going to be beyond our sort of remit anyway...’ (Commissioner)

We also observed significant resistance to the project because it was interpreted as a drive towards standardization. This was particularly the case amongst doctors. In response to this, doctors saw their engagement in the project as a way to defend their local practice and resist change by justifying the variations identified in the data. The challenge constructed by these doctors framed their participation in the decision workshops and was perceived as disruptive by members of the project team:

'...[name of City] had a particularly younger age of people that they were operating on as opposed to some of the other areas, but they immediately became quite defensive about that... So there was a feeling of people trying to sort of justify, I suppose, their data (Project team)

As observed throughout the research, the undercurrents of resistance influenced the interactions between stakeholders, the project team and the facilitators. Over time, stakeholders began to question the potential impact of their engagement on decision-making, with a number of participants disengaged from the process. This was problematic in terms of achieving effective co-production as it meant that certain stakeholder groups, for example patients and carers, were not represented throughout the entire project:

'I came away thinking "What on earth are they going to get out of that? What information have they gathered today? I just don't know." What a lot of people in that room, what a lot of skill and I suppose money in the room...' (Focus group, Patient)

However, the potential barriers associated with resistance were circumnavigated during the practice of co-production. This happened in a number of ways. First, while co-production seeks to achieve collaborative and shared decision-making, we found evidence that the project team, the data analysts and the facilitators saw the decision workshops as an opportunity to persuade clinicians towards a particular stance, and to prevent resistance from key stakeholder groups:

'At the first meeting where we had a very interesting conversation with some of the clinicians who needed a little bit of persuading to think about things differently, because, 'Oh this is all about rationing and I don't care about any of that. I have to do the best I can for the patients in front of me. Blah-blah-blah' (Data analyst)

Second, we observed the way in which the facilitators tightly controlled the process by strictly adhering to the timing allocated to certain tasks, which enabled them to effectively close down the potential for genuine discussion and deflect possible resistance from stakeholders. In practice, stakeholders just *'did as they were told'* and went through the motions of scoring and then generated a group score.

Discussion

Taking an interpretive, decentred approach, this study examined the situated practice of co-production. Specifically, we were interested in stakeholder's understanding of the purpose and potential of co-production and how these interpretations influenced the collective practice of co-production. In broad terms, our study reveals that the diverse meanings associated with the practice of co-production create ambiguity during the process and potentially lead to 'definitional conflicts' (Dean, 2017). While stakeholders appeared to embrace the theoretical objectives and the value of co-production in terms of inclusive decision-making, they were unclear about the value of co-production in the context of this specific project. This lack of a shared meaning created a detachment between the dominant narrative and the locally enacted practice of co-production. This can be explained through three overarching themes.

First, there was a disconnect between the narrative of co-production, i.e. the project aims and objectives that framed the decision making project, and the 'reality' of co-production. As the practice of co-production unfolded, stakeholders were increasingly unable to envisage how their participation

would inform a collective vision for service re-design and in turn, how this would ultimately transform the regional cancer pathway (as the expressed project aim). While the co-production project was framed in the context of collaborative decision-making, in practice stakeholders interpreted the workshop activities as driven by a managerial agenda, with decisions being made 'back stage'. In this way the potential of co-production was lost and the process was interpreted as disingenuous by a number of stakeholders. This impression was reinforced by the project manager and the wider project team who appeared to reframe co-production according to a pre-existing commissioning agenda and as an opportunity to seek professional and public support for technical outcomes and cost reduction plans.

Second, the power asymmetries that co-production seeks to overcome (Choi and Robertson, 2013; Purdy, 2012) were reinforced through the local meaning stakeholders derived from the process of decision-making. In practice, the ability of professionals to better understand the purpose and process of co-production gave them an advantage over other stakeholders and meant that the redistribution of power was not achieved in practice. Echoing the work of Hong (2015), this implies that rather than representing an inclusive approach, the very practice of co-production has the potential to disenfranchise certain

stakeholder groups when they are uncertain about how to express their personal meaning within the collective endeavor that is co-production. This may reinforce traditional decision-making practices where elite voices dominate (Butterfield et al., 2004) and draw co-production into the 'bureaucratic machinery' as Boswell and Corbett (2017) caution. A related point is that the ability for stakeholders from *within* the policy architecture to better understand the approach served to reinforce traditional structural inequalities in policy decision-making and the hierarchical power of professionals in this process.

Third, the use of technical data in the deliberative context appeared to structure the flow of communication, which prevented the free flowing dialogue and negotiation that it is hoped will arise from stakeholder deliberation and successful co-production (Bovaird, 2007). The emphasis on technical knowledge also excluded lay representatives who felt disempowered by their lack of understanding of medical or systems level data. The situated understanding of stakeholders was that they were not *supposed* to openly discuss their views and that instead, they were *expected* to reach a consensus score, which often involved calculating the average score rather than entering into a negotiated dialogue. While stakeholders originally understood co-

production as a means to share experiential insights about a particular issue, over time they saw it as a technical process dominated by complex information and mechanistic scoring and the 'discursive legitimacy' (Purdy, 2012) associated with the experiential perspective of stakeholders was lost.

Together these research themes culminate in a critique of the practice of co-production, exposing the taken for granted assumption that stakeholders are 'on the same page' (Crompton et al., 2017) when it comes to understanding the purpose and potential of the approach. Echoing Dean's (2017) study of the logics for public participation, we suggest there is an inherent tension between elite and lay perspectives in the design and implementation of co-production methodologies, which problematizes the assumption that co-production leads to more inclusive decision-making (Realpe and Wallace, 2010). The research suggests that coproduction is a contested narrative, promoted in the policy domain, but poorly understood in practice.

To link this back to the broader literature, our research suggests that the acknowledged challenges and barriers to meaningful co-production might not necessarily stem from structural inequalities (Edejer, 2003) and pre-existing power dynamics (Choi and Robertson, 2013; Hong, 2015; Irvin and Stansbury,

2004), rather they might manifest in the way co-production is enacted through the situated practices of social actors, who bring different meanings and localized experiences to bear on the 'doing' of co-production. The dominant narrative of co-production places citizens at the heart of the process (Ostrom, 1996). Whilst this dominant narrative is persuasive, it does not translate in and through practice as the vision of inclusivity is disconnected from the experience of lay stakeholders in particular, who commonly disengage from the process due to a lack of understanding about the purpose and process of co-production and a lack of understanding about how to express their personal views in a meaningful way. In our case, professional dominance was observed as these stakeholders had a better understanding of not only the care pathway that was under review, but also the practice of co-production itself. In our case this appeared to reinforce bureaucratic decision-making and enabled stakeholders to use co-production to resist change and pursue their own agenda.

Concluding comments

Our research develops a decentered analysis of the situated practice of co-production, illustrating a disconnect between the elite policy narrative and

stakeholder experiences of this approach. Our critical analysis raises the question of whether 'ideal' definitions of co-production are actually achievable in practice. While there is evidence of an elite co-production narrative that assumes that stakeholders are on the same page with regard to what co-production means and how it should be undertaken, this collective endeavor may be undermined by local interpretations of the individuals involved in the process. We suggest that through a more enlightened understanding of the potential disconnect between elite and situated (or experiential) narratives of co-production, participatory decision-making may ultimately be improved.

Our research findings highlight some practical implications that should be addressed to promote successful co-production, as an approach that depends on a shared meaning of both the purpose and practice of the approach (Fung, 2015). First, all stakeholders should be involved from the start of the decision-making process to promote alignment between the dominant and the localized narratives of co-production. At the outset, stakeholders should be introduced to the overarching principles of co-production and should be able to shape the implementation of the approach according to the specific requirements of the decision-making project. Second, echoing the work of Fung (2015) it may be appropriate for project teams to consider holding deliberative events with

individual stakeholder groups, rather than trying to bring everyone together in the same forum. While this may seem like a counterintuitive move that goes against the grain of collaborative decision-making and the principles of genuine deliberative democracy that we hold so dear, ultimately we believe that lay stakeholders in particular would be able to present a more powerful voice and find greater meaning in the process if they were able to express their views amongst their peers.

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